PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09770875

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			1					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		* ວ			X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less tha				ro, ente	"0" in c	olumn 2		OTAL		OR	TOTAL	
CLAIMS AS AMENDED - PA					TII			•		OIT	OTHER	
		(Column 1) CLAIMS	(Colun					SMALL ENTITY		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	:	X\$ 9=		OR	X\$18=	
	Independent	*	Minus *** JLTIPLE DEPENDENT		CLAINA	=		X40=		OR	X80=	
	ringt Friese	MATION OF ME	JUITLE DEF	ENDEN	CLAIIVI			⊦135 =		OR	+270=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	AUI	DIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUNPLE DEP	ENDENI	CLAIM		!	-135=		OR	+270=	
							L	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
	22.0	(Column 1)		(Colur		(Column 3)	,	DIII. I CC -			ADDI1.1 CC	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	 >	K\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=	;	X40=		OR	X80=	
	TINOTTRESE	NATION OF IM	JETTE DEF	LNDLIN	CLAIIVI	<u> </u>	1 _	135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL ADDIT. FEE	
		nber Previously Pai					er found	in the app	ropriate box	in col	umn 1.	